

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

OCT 13 2011

Bayfield Co. Zoning Dept.

Application No: 12-0351

Date: 9-12-12

Zoning District: C

Amount Paid: \$250.00

10/18/11

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department.

LAND USE ☒ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☒ SPECIAL USE ☐ B.O.A. ☐ OTHER ☐

Use Tax Statement for Legal Description

Legal Description SW 1/4 of SE 1/4 of Section 33 Township 47 North, Range 5 West, Town of Gilman

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage _____

Volume _____ Page _____ of Deeds Parcel I.D. 04-020-2-47-05-33-4 63-000-10000

Property Owner Donaldson, Zifko Contractor Self (Phone) _____

Address of Property 27550 ST. Hwy 112 Plumber _____ (Phone) _____

Ashland, WI 54806 Authorized Agent _____ (Phone) _____

Telephone 715-682-3055 (Home) 715-292-3831 (Work) Written Authorization Attached: Yes ☐ No ☐

Is your structure in a Shoreland Zone? Yes ☐ No ☒ If Yes, Distance from Shoreline: greater than 75' ☐ 75 to 40' ☐ less than 40' ☐

Structure: New ☒ Addition ☐ Existing ☐ Basement: Yes ☐ No ☒ Number of Stories 1

Fair Market Value 3000.00 Square Footage 296 tank Sanitary: New ☐ Existing ☐ Privy ☐ City ☐

USE: 6000.00 384 office Type of Septic/Sanitary System _____

☐ Residence or Principal Structure (# of bedrooms) _____ ☐ Mobile Home (manufactured date) _____

Residence sq. ft. _____ ☒ Commercial Principal Building bulk tank & facility

☐ Residence wideck-porch (# of bedrooms) _____ ☐ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____ ☐ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ ☐ Commercial Accessory Building Addition (explain) _____

☐ Residence w/attached garage (# of bedrooms) _____ ☐ Commercial Other (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ ☒ Special/Conditional Use (explain) bulk fuel storage & facilities program, waste oil, gas

☐ Residential Addition / Alteration (explain) _____ ☐ External Improvements to Principal Building (explain) _____

☐ Residential Accessory Building (explain) _____ ☐ External Improvements to Accessory Building (explain) _____

☐ Residential Accessory Building Addition (explain) _____

☐ Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Dan Zifko Date 10-13-11

Address to send permit 47387 STATE Hwy 112 Ashland, WI 54806 ATTACH

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number None Date 9-12-12

Date 9-12-12 Permit Number 12-0351 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: See Attached (Sanitary facility makes major impact who uses, physical

Sanitary Permit may be issued By Doc Date of Inspection 11-17-11

Mitigation Plan Required: Yes ☐ No ☒ Variance (B.O.A.) # _____

Condition: 1) 384 ft²

2) Office Building Addition 384 ft²

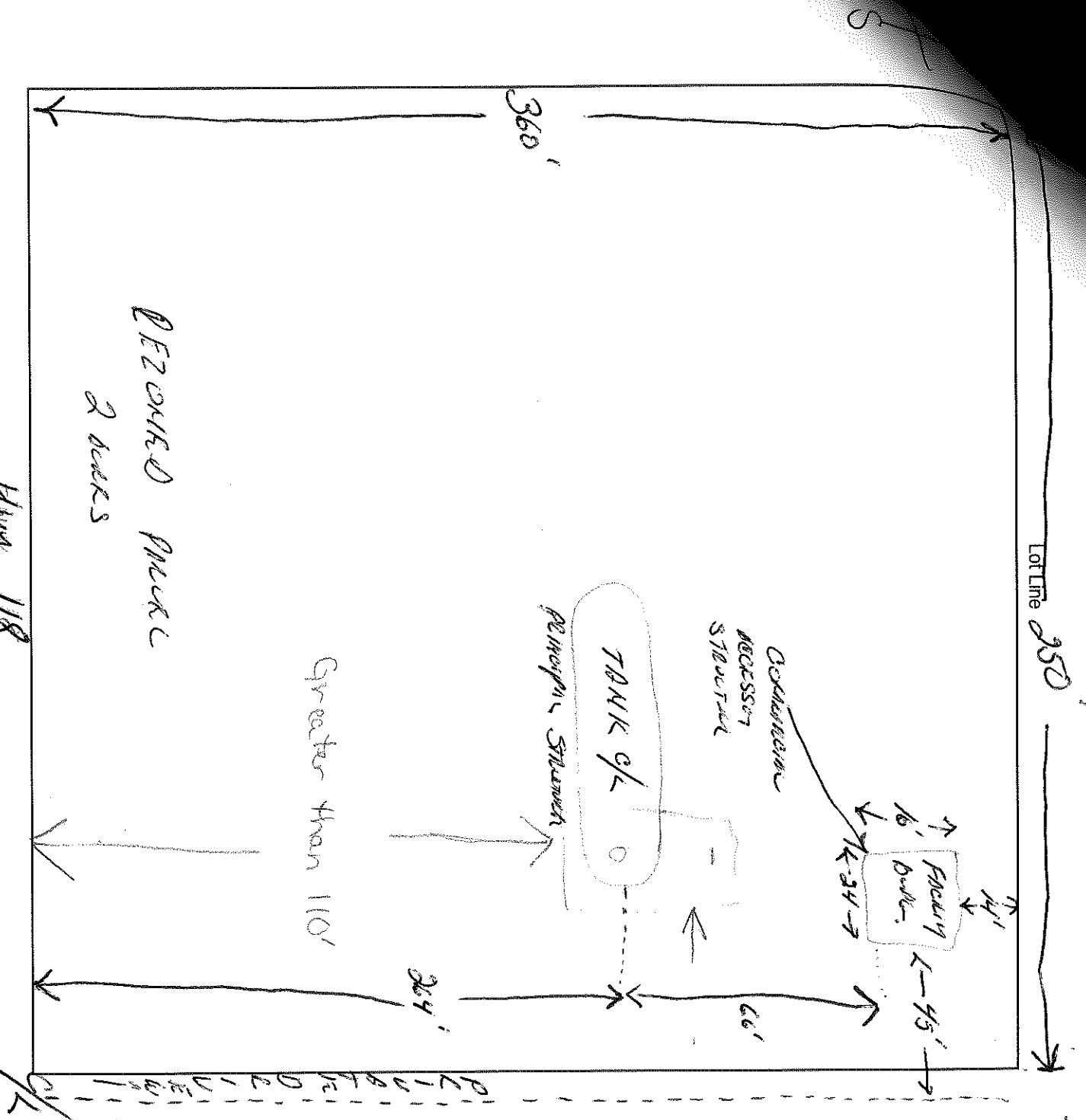
Rec'd for Issuance

Signed 12-7-11

Inspector Date of Approval

SEP 12 2012

SECRETARY



Name of Frontage Road (Hwy 118)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure.
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.
4. Show the location of the well, holding tank, septic tank and drain field.
5. Show the location of any lake, river, stream or pond if applicable.
6. Show the location of other existing structures.
7. Show the location of any wetlands or slopes over 20 percent.
8. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Holding tank to closest lot line
 - e. Holding tank to building
 - f. Holding tank to well
 - g. Holding tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Septic Tank and Drain field to closest lot line
 - l. Septic Tank and Drain field to building
 - m. Septic Tank and Drain field to well
 - n. Septic Tank, and Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY.

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
You Must Contact Your Town Chairman / Clerk For More Information.
The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
RECEIVED
SEP 10 2012

| | | |
|--------------|-------------|---------|
| Permit #: | 12-0344 | ENTERED |
| Date: | 9-14-12 | |
| Amount Paid: | \$75.00 PDS | |
| Refund: | 9/16/12 | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield County Zoning Dept. (Visit our website www.bayfieldcounty.org/zoning.asp)

| | | | |
|--|---|---|--|
| TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | |
| Owner's Name: <u>Daren & Lorie Zifko</u> | Mailing Address: <u>47387 St Hwy 112 Ashland WI 54806</u> | City/State/Zip: <u>682-3055</u> | Telephone: <u>715</u> |
| Address of Property: <u>27550 St Hwy 13</u> | City/State/Zip: <u>Ashland WI 54806</u> | Contractor Phone: <u></u> | Plumber Phone: <u></u> |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | Agent Phone: <u></u> | Agent Mailing Address (include City/State/Zip): <u></u> | Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| PROJECT LOCATION: <u>SW 1/4 SE 1/4</u> | Legal Description: (Use Tax Statement) <u>Less E 1/2 of E 1/2</u> | PLIN: (23 digits) <u>04 02047053340300010006</u> | Recorded Document: (i.e. Property Ownership) Volume <u>965</u> Page(s) <u>56</u> |
| Section <u>33</u> , Township <u>47</u> N, Range <u>5</u> W | Town of: <u>Silken</u> | Lot Size | Acres <u>30</u> |

| | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue <input checked="" type="checkbox"/> Distance Structure is from Shoreline: <u></u> feet | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue <input checked="" type="checkbox"/> Distance Structure is from Shoreline: <u></u> feet | <input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--|--|--|

| | | | | | | |
|---|---|--|--|--|---|-------------------------------|
| Value at Time of Completion * include donated time & material <u>\$12,000</u> | Project (What are you applying for) | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System is on the property? | Water |
| <input checked="" type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | Specify Type: <u></u> | <input type="checkbox"/> City |
| <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary | Specify Type: <u></u> | <input type="checkbox"/> Well |
| <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> Basement | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: <u></u> | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> |
| <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> No Basement | <input checked="" type="checkbox"/> Foundation | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> |
| <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> Foundation | <input checked="" type="checkbox"/> Foundation | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|-----------------|----------------|-----------------|
| Existing Structure: (If permit being applied for is relevant to it) | Length: <u></u> | Width: <u></u> | Height: <u></u> |
| Proposed Construction: | Length: <u></u> | Width: <u></u> | Height: <u></u> |

| | | | |
|---|---|-------------------------|------------------|
| Proposed Use | Proposed Structure | Dimensions | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> Principal Structure (first structure on property) | (<u></u> x <u></u>) | |
| | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | (<u></u> x <u></u>) | |
| | <input type="checkbox"/> with Loft | (<u></u> x <u></u>) | |
| | <input type="checkbox"/> with a Porch | (<u></u> x <u></u>) | |
| | <input type="checkbox"/> with (2 nd) Porch | (<u></u> x <u></u>) | |
| | <input type="checkbox"/> with a Deck | (<u></u> x <u></u>) | |
| | <input type="checkbox"/> with (2 nd) Deck | (<u></u> x <u></u>) | |
| <input type="checkbox"/> Commercial Use | <input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (<u></u> x <u></u>) | |
| | <input type="checkbox"/> Mobile Home (manufactured date) <u></u> | (<u></u> x <u></u>) | |
| | <input type="checkbox"/> Addition/Alteration (specify) <u></u> | (<u></u> x <u></u>) | |
| | <input checked="" type="checkbox"/> Accessory Building (specify) <u>Wind Mill Generator</u> | (<u>2</u> x <u>2</u>) | <u>Wood pole</u> |
| | <input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u></u> | (<u></u> x <u></u>) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> Special Use: (explain) <u></u> | (<u></u> x <u></u>) | |
| | <input type="checkbox"/> Conditional Use: (explain) <u></u> | (<u></u> x <u></u>) | |
| | <input type="checkbox"/> Other: (explain) <u></u> | (<u></u> x <u></u>) | |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Daren & Lorie Zifko
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Date 9-10-12

Rec'd for Issuance: Same as above

Address to send permit SEP 14 2012

Attach
Copy of Tax Statement ✓
If you recently purchased the property send your Recorded Deed ✓

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



SUBMIT: COMPLETED APPLICATION, TAX
ST-2-THEMST AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Received
SEP 10 2012

ENTERED
Permit #: 12-03065
Date: 9-14-12
Amount Paid: \$125.00
Refund: 9/10/12

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Bayfield Co. Zoning Dept
HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

| | | | | | | | | |
|--|--|---|---|---|---|--------------|--------------|--|
| TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | | | | | | |
| Owner's Name: Daren & Lannie Zofko | Mailing Address: 47387 St Hwy 112 Ashland WI 54806 | City/State/Zip: Ashland WI 54806 | Telephone: 715 682-3055 | | | | | |
| Address of Property: 27550 St Hwy 118 | Contractor Phone: Self | Plumber: | Plumber Phone: | | | | | |
| Contractor: Self | Agent Phone: | Agent Mailing Address (include City/State/Zip): | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | | | | | | | |
| PROJECT LOCATION: SW 1/4, SE 1/4 | Gov't Lot | Lot(s) | CSM | Vol & Page | Lot(s) No. | Block(s) No. | Subdivision: | Recorded Document: (i.e. Property Ownership) Volume 965 Page(s) 56 |
| Section 33, Township 43 N, Range 5 W | Town of: Silsen | | Lot Size | | Acreage 30 | | | |
| <input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue <input checked="" type="checkbox"/> If yes---continue | Distance Structure is from Shoreline: feet | Distance Structure is from Shoreline: feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | | | | |
|---|---|--|----------------------------|--|---|-------------------------------|
| Value at Time of Completion * include donated time & material \$6,000 | Project (What are you applying for) | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System is on the property? | Water |
| <input checked="" type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | Specify Type: (New) Sanitary | <input type="checkbox"/> City |
| <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary | Specify Type: Sanitary (Exists) | <input type="checkbox"/> Well |
| <input type="checkbox"/> Conversion | <input checked="" type="checkbox"/> 2-Story | <input type="checkbox"/> | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) | Specify Type: Privy (Pit) or Vaulted (min 200 gallon) | |
| <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> None | <input checked="" type="checkbox"/> Portable (w/service contract) | |
| <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> None | |
| <input type="checkbox"/> | <input type="checkbox"/> Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | |
|---|---------------|--------------|---------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: _____ | Width: _____ | Height: _____ |
| Proposed Construction: | Length: _____ | Width: _____ | Height: _____ |

| | | | | |
|--|-------------------------------------|---|------------|----------------|
| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
| <input type="checkbox"/> Principal Structure (first structure on property) | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | () | |
| <input type="checkbox"/> Residential Use | <input type="checkbox"/> | with Loft | () | |
| <input type="checkbox"/> Commercial Use | <input type="checkbox"/> | with a Porch | () | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | with (2 nd) Porch | () | |
| | <input type="checkbox"/> | with a Deck | () | |
| | <input type="checkbox"/> | with (2 nd) Deck | () | |
| | <input type="checkbox"/> | with Attached Garage | () | |
| | <input type="checkbox"/> | Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) | () | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) | () | |
| | <input type="checkbox"/> | Addition/Alteration (specify) | () | |
| | <input checked="" type="checkbox"/> | Accessory Building (specify) Office/Facility Building | (16 x 32) | 512 |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) | () | |
| | <input type="checkbox"/> | Special Use: (explain) | () | |
| | <input type="checkbox"/> | Conditional Use: (explain) | () | |
| | <input type="checkbox"/> | Other: (explain) | () | |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

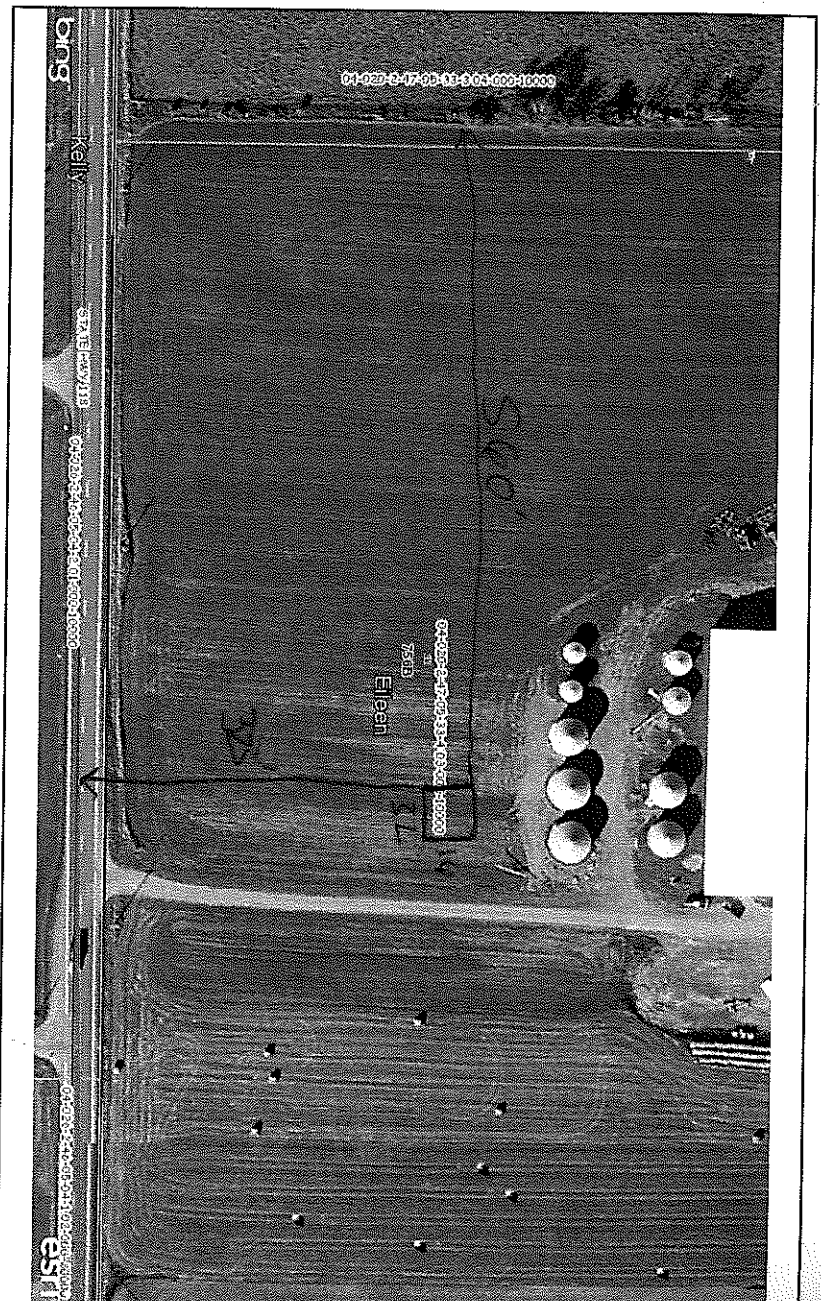
Owner(s): Daren & Lannie Zofko
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Record for Issuance: _____
Address to send permit: _____
SEP 14 2012

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Bayfield County Soils



© 2010 Microsoft Corporation and its data suppliers